

Robert Hodgson/Augustus Jacobs Law Award

About the Award

Robert Hodgson/Augustus Jacobs Law Award: *Awarded to an attorney who resides and practices in New York State and has demonstrated a sincere interest in and commitment to the area of Disability Law.*

Nomination Information

Eligibility Criteria: Determined by a demonstrated interest and commitment to Disability Law by an attorney who resides and practices in New York State. Please Note: Residency in the County(ies) of the Nominating Chapter/Agency is not required.

Amount: One award is presented annually in the amount of \$1,000.

Nomination Process: The requirements for consideration for the Robert Hodgson/Augustus Jacobs Award are as follows:

1. Nominations must be submitted to the NYSARC, Inc. Scholarship and Awards Committee from the NYSARC, Inc. Chapter's Board of Directors or the Executive Director of the Legal Services Agency.
2. Nominations must be accompanied by a resume.
3. Only **one** Nomination per Chapter or Legal Agency.
4. The names of individuals who have been previously nominated, but not recognized, may be resubmitted for consideration.
5. Application must be signed by Chapter Board President or legal agency Executive Director.

Nomination Information/Deadline: The name of one individual must be submitted on the appropriate form along with the additional information requested by the deadline date.

**** Please refer to the Nomination Form for deadline dates. Nominations received after the deadline date will not be considered eligible for the Robert Hodgson/Augustus Jacobs Law Award.**

NOTE: *Nomination forms may be faxed to the NYSARC, Inc. State Office up to the deadline date. However, original nomination forms must be immediately mailed to NYSARC, Inc.*

Announcement of Recipient: The Robert Hodgson/Augustus Jacobs Law Award recipient will be honored at the NYSARC, Inc. Annual Convention. The award recipient is expect to be present to receive the award.

CHAPTER/AGENCY: _____

DATE RECEIVED: _____



NOMINATION FORM FOR THE
HODGSON/JACOBS LAW AWARD

ALL INFORMATION ON THIS APPLICATION MUST BE TYPED
FILL-IN APPLICATION FORMS ARE AVAILABLE ONLINE AT WWW.NYSARC.ORG

Return Deadline: May 10, 2010

Name: _____
Last First Middle

Address: _____

Phone Number _____

Submitting Chapter or Legal Agency: _____

Has this Person Been Nominated Before? Yes ____ No ____

Eligibility is determined by a demonstrated interest and commitment to disability law by a lawyer who practices and resides in New York State.

I. List Professional Services Provided (Include # of Years and Dates of Service where appropriate)

A) State Level

B) Chapter Level (If applicable)

II. List Other Professional Services/Activities (Include # of Years and Dates of Service)

A) Participatory (i.e., Board, Officer, Committee, Membership, etc.)

III. List Special Achievements and Recognitions

IV. Why Is Your Chapter or Legal Agency Recommending this Person? Please Include Letters of Support for this Recommendation and Attach Exhibits if appropriate.
